

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

1600 River Center II

100 East River Center Blvd

☐Check if different
than previously
reported. (ACC)

Covington

KY

41101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00392886

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas R Marsh

Signature of Treasurer

Electronically Filed by Thomas R Marsh

Date

07

12

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	39638.13
(b) Cash on Hand at Beginning of Reporting Period	39355.47	
(c) Total Receipts (from Line 19)	5497.49	10354.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44852.96	49993.04
7. Total Disbursements (from Line 31)	9155.78	14295.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35697.18	35697.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3871.69	5685.03
(ii) Unitemized	1625.80	4669.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	5497.49	10354.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	5497.49	10354.91
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5497.49	10354.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5497.49	10354.91

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	14000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	155.78	295.86	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9155.78	14295.86	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9155.78	14295.86	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5497.49	10354.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5497.49	10354.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7437

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

B.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7474

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

C.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7475

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7501

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

B.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7502

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

C.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7703

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7732

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deducti-
on - \$41.67

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7431

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7452

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200.00

SUBTOTAL of Receipts This Page (optional)

441.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7453

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7507

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7508

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7706

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7735

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deducti-
on - \$200

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7443

Amount of Each Receipt this Period

85.00

Bi-weekly Payroll Deducti-
on - \$85.00

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7482

Amount of Each Receipt this Period

85.00

Bi-weekly Payroll Deducti-
on - \$85.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7516

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7698

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.**C**Name of Employer
Omnicare, Inc - EvergreenOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	1	1

Transaction ID: SA11AI.7727

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20**B.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.**C**Name of Employer
OMNICARE INCOccupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.7442

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00**C.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.**C**Name of Employer
OMNICARE INCOccupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.7489

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.7490

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00**B.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.7519

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00**C.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: SA11AI.7520

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7704

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7733

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50

C.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7436

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City	State	Zip Code
Southampton	MA	01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: SA11AI.7456

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00**B.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City	State	Zip Code
Southampton	MA	01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.7457

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00**C.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City	State	Zip Code
Southampton	MA	01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11AI.7525

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7526

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

B.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7702

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40

C.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7731

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7530

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7697

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20

C.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7725

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7481

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7531

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7532

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7699

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25

B.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7728

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25

C.

Full Name (Last, First, Middle Initial)
THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City State Zip Code
KINGWOOD TX 77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation
RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7455

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.7539

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00**B.**

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: SA11AI.7540

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00**C.**

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: SA11AI.7544

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID: SA11AI.7696

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20**B.**

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

Transaction ID: SA11AI.7726

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20**C.**

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.7477

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7545

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7546

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7701

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7730

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25

B.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7421

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125.00

C.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7458

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7459

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125.00

B.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7553

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125.00

C.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7554

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7705

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125

B.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7734

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deducti-
on - \$125

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

3871.69

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CANTOR, ERIC

Mailing Address 6004 OXBURY CT.

City
GLEN ALLEN

State
VA

Zip Code
23059

Purpose of Disbursement
Fundraising Lunch

Candidate Name

003

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 07

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7405

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement
Contribution - \$2,500

Candidate Name
FRIENDS OF JOHN BARROW

004

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 12

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7409

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite F

City
Erlanger

State
KY

Zip Code
41018

Purpose of Disbursement
Contribution - \$1,000

Candidate Name
GEOFF DAVIS FOR CONGRESS

004

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 04

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7408

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

WALLY HERGER

Mailing Address PO BOX 1007

City
WILLOWS

State
CA

Zip Code
95988

Purpose of Disbursement
Contribution - \$1,000

Candidate Name
WALLY HERGER

004
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: SB23.7560

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City
PORTLAND

State
OR

Zip Code
97232

Purpose of Disbursement
Contribution - \$2,500

Candidate Name
WYDEN FOR SENATE

004
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.7412

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

9000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$48.57

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.7557

Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.57

B.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$49.16

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.7736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.16

SUBTOTAL of Disbursements This Page (optional)

97.73

TOTAL This Period (last page this line number only)

97.73